

Claims Clues

A Publication of the AHCCCS Claims Department

February, 2004

KidsCare Premiums Increase for Some Families

KidsCare premiums for some families earning higher incomes were scheduled to increase February 1.

Additional funding in Gov. Janet Napolitano's budget proposal for Fiscal Year 2005, however, may bring them back down if the money is approved by the Arizona Legislature.

The increase will impact KidsCare families earning between 150 and 200 per cent of the federal poverty level. Governor

Napolitano, however, has included an additional \$1 million in her budget to help return the monthly premiums to their previous levels.

AHCCCS was mandated by the Legislature to increase premiums as part of the FY 2004 budget.

The Legislature last year called for the higher premiums to help with the state's budget crisis. About 24,000 children around the state will be impacted by the February increase.

A family of four earning \$27,600

- \$32,000 annually has paid \$10 for one child and \$15 for two or more children. In February, those monthly premiums are \$20 for one child and \$30 for two or more.

A family of four earning \$32,200-\$36,800 annually has paid \$20 for one child and \$25 for two or more children. In February those monthly premiums are \$25 for one child and \$35 for two or more.

The Legislature will be debating the Fiscal Year 2005 budget over the next several months. □

IHS Facilities Must Use Web, IVR to Verify Eligibility

Indian Health Service (IHS) facilities no longer have direct access to the AHCCCS system to check recipient eligibility and enrollment.

The Health Insurance Portability and Accountability Act (HIPAA) privacy regulations prohibit AHCCCS from allowing providers direct access to the AHCCCS

system.

IHS providers can verify recipient eligibility and enrollment using the AHCCCS Online Web application. To create a free account and begin using the application, providers should go to the AHCCCS Home Page at www.ahcccs.state.az.us. Click on the Information for Providers link

to go to the Providers page. A link on the Providers page allows providers to create an account.

IHS providers also may use the Interactive Voice Response system (IVR) to verify eligibility and enrollment.

Providers may call IVR at:

Phoenix: (602) 417-7200

All others: 1-800-331-5090 □

AHCCCS to Offer Electronic Reimbursement

AHCCCS will offer electronic payments to fee-for-service providers beginning April 1, 2004.

The new payment option will process payments using the Automated Clearing House (ACH) rather than issuing checks to providers. The ACH payment method will enable providers to receive reimbursement more quickly.

The Arizona Clearing House Association (ACHA) serves as the

clearing house and will process electronic payments directly to the provider's bank account through Bank of America, which functions as the state servicing bank. BofA will make the electronic payment available to a provider's account one business day after the date AHCCCS transmits the ACH payments file to BofA.

The ACH process offers several benefits to providers, including:

- Immediate availability of funds
- Fully traceable payments

- Elimination of mail and deposit delays
- Elimination of lost, stolen, or misplaced checks

To begin receiving ACH payments, a provider must complete Sections 2 and 3 of the ACH Vendor Authorization form. The form is available on the AHCCCS Web site at www.ahcccs.state.az.us.

Click on the Providers link on the home page. A link to the form is on the Providers page.

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AHCCCS to Offer Electronic Reimbursement

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The provider's financial institution must complete Section 4 of the form. Submit the form to:

AHCCCS Finance Department
Mail Drop 5400
P. O. Box 25399
Phoenix, AZ 85002

AHCCCS will update the vendor file. The file update may require up to two weeks depending on volume.

AHCCCS will process its normal weekly fee-for-service payment cycle and transmit the ACH payment data to BofA, which will transmit the information to ACHA.

On the settlement date of the electronic payment, the provider's financial institution will credit the provider's individual account.

Providers who have questions should call (602) 417-4052 or (602) 417-4543. □

Routine, Diagnostic Prenatal Service Not Covered for FES

Routine prenatal care, including routine or diagnostic prenatal services, are not covered for Federal Emergency Services (FES) recipients.

FES recipients are eligible for emergency medical services and delivery services only.

All claims for services provided to recipients eligible under the FES program are reviewed by the

AHCCCS Administration on a case-by-case basis.

Claims must be submitted with documentation that supports the emergent nature of the services provided. □

Dental Billing Requirements for IHS, Non-IHS Providers Outlined

The Health Insurance Portability and Accountability Act (HIPAA) changed the billing requirements for dental providers. Here is a summary of the billing requirements for Indian Health Service (IHS) and non-IHS providers.

IHS Providers

Title XIX (Medicaid) recipients:

- Bill for services on a UB-92 claim form (837I for electronic claims) using the clinic's AHCCCS provider ID number.
- Use revenue code 510 (Clinic).
- The principal diagnosis (Field 67) should be a dental diagnosis.
- Enter the outpatient OMB rate in the Total Charges field (Field 47). The AHCCCS Claims System will reimburse the service at the OMB rate.

- Adults are entitled to emergency dental services only. Enter a "1" for Admit Type (Field 19) to indicate that the service was an emergency.

Title XXI (KidsCare) recipients:

- Bill for services using the dentist's AHCCCS provider ID number for the service provider and the facility's group billing ID number.
- Electronic claims must be billed in the ADA format effective with dates of service on and after October 1, 2003.
- Dentists who submit paper claims to AHCCCS may use the ADA 2002 form for claims for dates of service on and after October 1. Claims for dates of service on and after January 1, 2004 **must** be billed on the ADA 2002 form. Claims billed on a

CMS 1500 claim form for dates of service on and after January 1 will be denied.

- Claims will be reimbursed at the lesser of billed charges or the AHCCCS capped fee for the service.

Non-IHS Providers

- Electronic claims must be billed in the ADA format effective with dates of service on and after October 1, 2003.
- Dentists who submit paper claims to AHCCCS may use the ADA 2002 form for claims for dates of service on and after October 1.
- Claims for dates of service on and after January 1, 2004 **must** be billed on the ADA 2002 form. Claims billed on a CMS 1500 for dates of service on and after January 1 will be denied. □

Provider Registration Documents on Web

All AHCCCS Provider Registration materials are now available on

the AHCCCS Web site at www.ahcccs.state.az.us.

Click on the Information for Providers link on the AHCCCS home page. On the Provider

page, scroll down to the Provider Registration section. All documents are in PDF format. They must be printed and completed offline.